

INSTRUCTIONS

- Please fill in all sections of the template. If information is not available, note the reason.
- Kindly submit the **Financial report** and **Activity progress chart** as separate files attached to this template and send the report along with any photographs or communication products to dcpsf.sd.team@undp.org.

Section 1 – Contact and Project Details

Organization	Catholic Relief Services (CRS).
Name and job title	Hani El-Mahdi, Country Representative
Email	hani.el-mahdi@crs.org
Telephone	+249900132519

Project Title	COVID-19 Crisis Precaution and Preparedness Measures.
Project Code	(DCPSF/INGO/2020/COVID-19/05)
State	Central Darfur state
Localities	Zalingei, Um Dukhun, Rokoro, Nertiti and Golo.
Communities/villages	Jebel Marra, Rokero Town, Abonga, Fanga Suk, Solo, Daya, Saga, Terro, Saga Naga, Jokosti, Bardain. Um Dukhun town, Abo-Jaradil, Salale, Moraya Zalingei
Project start and end date (as per the signed contract)	(01-July-2020) to (30-September-2020)
No Cost Extension (NCE) dates, if any	No
Project Budget (as per signed contract)	50,004
Total Expenditure	Will be provided mid-November
Reporting period	1 st July to 30 th September 2020

Section 2 – Situation update

Context change in Darfur.

1. Brief summary of your project; what was your project about (project rationale); main goal, outputs and expected outcomes; project relevance in current Darfur context.
2. How your project's COVID19 emergency response activities have created awareness in the community and promoted peacebuilding (including trends at the state level).

While COVID-19 is one of the most serious issues facing global health, there are several actions that have been shown to slow the spread of the disease. These include stringent social distancing measures, regular handwashing with soap and water, and mask wearing. Many of Sudan's health facilities have been in critical need of access to safe water, soap, and functioning toilets; these needs have been exacerbated by the pandemic. In addition,

there has been a need to quickly and safely disseminate information to communities regarding the disease and how to keep safe, counteracting misinformation and false rumours which have been widespread throughout Sudan.

CRS has worked closely with the State Ministry of Health & Social Development (SMoHSD) in Central Darfur to respond to the challenges brought about by COVID-19, identifying problems and finding solutions together. The main goal of this project was to mitigate the spread of COVID-19 in the target areas by improving precaution and preparedness measures. CRS worked with the SMoH to run orientation workshops across the target offices and health clinics. The team disseminated health education messages, provided coaching on good hygiene practice like hand washing at all Points Of Entry (PoE), and encouraged early reporting on any suspected cases and keeping at least two meters distance between patients at the triage/waiting areas in the health facilities. These practices have been incorporated into the everyday running of the target health clinics and remain ongoing. The project also helped to strengthen the disease surveillance systems, helping to mitigate the spread of COVID-19.

The following activities were carried out, in order to meet the project outcomes:

- 1) In order to strengthen the COVID-19 disease surveillance system in central Darfur state, the team set up a COVID-19 task force, which was composed of the Locality health service manager, Environmental Health officer, Medical Director, Environmental Health Coordinator, in each target locality to track cases of COVID-19, reporting them to SMoH. Health facility staff were trained to better monitor outbreaks of the disease, given a clear reporting pathway and action plan.
- 2) Wi-Fi was set up at the isolation centre in Zalingei, allowing for faster and more efficient communication with federal ministry of health, NGOs, INGOs, and sub office MoH, thereby strengthening disease surveillance.
- 3) The project provided one water tank at both the isolation centres in Zalingei and Um Dukhun. The project team also set up handwashing stations in public/community spaces across all **five** localities.
- 4) The project had several methods through which it sensitized communities to the dangers of COVID-19 and measures in which to prevent transmission, as well as combating misinformation. These included: twice daily radio messaging promoting mask wearing, handwashing and social distancing, as well as avoiding greeting other with handshakes; a sound system where messages were played Zalingei and Um Dukhun towns; IEC materials, including sign boards, t-shirts, caps, and posters; and in-person meetings with community groups, local media, local NGOs, schools, local government, other sectors (COVID-19 mitigation strategies were adhered to throughout the meetings, limiting participant number to no more than eight persons, ensuring a distance of at least two meters between individuals, promoting mask wearing and handwashing practices).

In order to create community awareness and promote peacebuilding, the project team conducted 50 focus group discussions (FGDs) across all the project localities, bringing communities together to promote shared understanding and community ownership. The FGDs were conducted following COVID-19 prevention precautions. They were held on market days to ensure that more people who wanted to attend, especially women who would have conflicting responsibilities on other days, would be able to take part. FGD facilitators used local languages during the discussions to ensure inclusivity and broader understanding, particularly of the COVID-19 messaging. Community leaders were engaged in practicing COVID-19 prevention measures and actively encouraging others to do so too. The FGDs served as a link between leaders from different communities, helping to forge

closer relations, and a peacebuilding tool. Furthermore, the awareness campaign, conducted in local languages through loudspeaker in Zalingei and Um Dukhun market and throughout the town, in addition to the IEC materials (t-shirts, booklets, caps, etc.) which were distributed to target communities, and the fixed sign boards with COVID-19 messaging, all contributed to community awareness and helped mitigate against the spread of both COVID-19 and misinformation and rumours.

Section 3 – Progress review

Brief narrative of your project key achievements

1. Describe the key achievements of your COVID 19 interventions as per planned activities.
2. Highlight any achievements towards gender equality and inclusion.

The project team in coordination with SMOH formed five task force groups, with total 20 members, 4 members in each groups, and one groups in each of the project localities: Zalingei; Um Dukhun; Golo; Nertiti; and Rokero. Each group consisted of four staff members from SMOH. The objective of the task forces was to report, track, and monitor COVID-19 cases, implement COVID-19 preventions measures in all target health clinics, and report any challenges facing implementation of prevention measures directly to SMOH. The task forces were successful in recording, reporting and tracking confirmed cases of COVID-19 in the target localities in Central Darfur. The last positive case of COVID-19 in Central Darfur was on confirmed in July. Cases were successfully kept low, with a total of three COVID-19-related deaths in the state.

The task forces and local government officials from targeted localities participated in the COVID-19 task force coordination meetings on a regular basis at both state and locality-level. They monitored the epidemiological situation of the coronavirus across Sudan, focusing their efforts on mitigating against and tracking cases in targeted areas in Central Darfur. During this period, CRS carried out different activities with the state MoH in targeted localities as early precautionary and preventive measures to control communal spread. These included orientation workshops across offices and health clinics, dissemination of health education messages, coaching on good hygiene practices such as regular and thorough handwashing with soap and water, early reporting on any suspected cases, and ensuring patients at the health centers keep at least two meters distance between themselves and others in the triage/waiting areas. This work remains ongoing through the SMOH.

For this project, CRS conducted a COVID-19 prevention awareness campaign in Zalingei in coordination with the SMOH. The awareness campaign targeted Zalingei town and surrounding villages. The campaign focused on messages encouraging communities to adopt preventative behaviors to protect themselves and others from COVID-19. These messages included social distancing, mask wearing, handwashing with soap and water, especially before touching one's face, and avoiding shaking hands with other people. While many of these measures go against long standing social and cultural norms, especially avoiding hand shaking and social distancing, communities were receptive to the messages once they understood the importance of them, the modes through which COVID-19 is spread, and the ways to mitigate against it.

The project team provided training to 100 health facility staff on COVID-19 Infection Prevention and Control (IPC) measures. The training was conducted in both Um Dukhun and Zalingei, and complemented in Golo, Nertiti, and Rokero localities by training

conducted by CRS under another project, leveraging resources and streamlining processes to ensure good coverage and no overlap.

The objective of the training was to maintain and prevent health centres staff, patients and visitors from medical waste risks. Protect environment from pollution. Mitigate the COVID-19 spread. The training covered the following topics: Introduction of Infection and Prevention Control, Chain of infection, Medical waste definition, Medical waste management, Type of medical waste, Hazard of medical waste, Hand washing, Sterilization and disinfection. After the training the evaluation show that all participants gained knowledge on how to manage the medical waste and mitigate COVID-19 spread in health facilities centers.

In August, project staff trained 70 schoolteachers in Um Dukhun on COVID-19 IPC measures through 20 sensitization sessions. CRS also held 30 COVID-19 IPC sensitization sessions in schools and health facilities in Golo and Rokero localities. These sessions targeted teachers, health facility staff and community leaders. As a result of COVID-19 prevention measures training in Um Dukhun the ministry of education applied COVID-19 prevention measures (social distance, wearing masks, hand washing in enters of schools) in all Sudanese certificate exam centers.

In addition to trainings and sensitization sessions, CRS delivered five large loudspeakers and three sound systems to the SMOH Health Promotion department. Two loudspeakers and two sound systems were used in Zalingei, while three loudspeakers and one sound system were used in Um Dukhun. This activity drew the attention of many community members, helping to engage them in understanding messages around COVID-19 and encouraging them to share prevention measures and tips with others in their communities. Verbal community feedback was positive as it led the SMOHSD receiving calls from the communities to clarify further on COVID-19 transmitting from the infected person to healthy person. Moreover, individuals visited health office in Nertiti requesting more information about COVID-19. A facilitator conducted community sensitization in all areas of Saga village after being inspired by the COVID-19 messaging on Zalingei FM.

In September, CRS, in collaboration with SMOH, erected three sign boards with COVID-19 prevention messages in local languages in Zalingei town and one in Um Dukhun town. The sign boards contained messages in both written and picture form in order to be accessible to as many people as possible. They were erected in crowded public places, including markets and other points where people gather.

CRS printed 366 medium-sized posters and 26 large posters with iron and glass frames. These were distributed throughout all target towns and villages. CRS also distributed IEC materials, including 120 T-shirts for volunteers, health facilities workers, and health staff in Zalingei, Um Dukhun, Golo, Rokero. COVID-19 prevention measures which have been approved by SMOH were clearly printed on all the t-shirts, helping to reinforce messaging.

During the course of the project, CRS, together with SMOH, conducted ten radio sessions on Zalingei Radio FM, disseminating information on COVID-19 as well as health messaging on rainy season diseases. The sessions were facilitated by health promotion staff who were able to answer callers' questions and mitigate against misinformation and false rumors. In addition to these sessions, ten IEC messages were produced and played on Zalingei Radio's news broadcasts. The radio session allowed the SMOHSD to share current updates on COVID-19 via radio programs, while advocating for prevention and protection measures in Central Darfur. In a context where a high percentage of the population is illiterate, radio shows are an essential way to reach as many people as

possible, especially during a health crisis where people should stay home. SMOHSD health promotion department make sure that information and advocacy messages are broadcasted in the most adapted and suitable way for local populations. As most of the target community lack internet, television, newspaper the radio is the best the mean for IEC. The messages during the radio session provide information about what is COVID-19 disease, the pathogen, how its transmitted, control method. During the radio session many calls were received from communities requesting more clarification what is different between cold disease and COVID-19 disease and how COVID-19 transmitting, and what is the treatment for COVID-19. The IEC message to target community were social distance, no hand checking, wearing face masks, avoid crowded places.

In order to strengthen information sharing between the locality, the state, and Khartoum, CRS set up a Wi-Fi system with full accessories at the isolation center in Zalingei. This helped facilitate many reports and messages within SMOHSD Central Darfur, and Khartoum, improving both communication speed and operational efficiency. As the SMOHSD in Zalingei lack internet for communications and sharing information between Federal Ministry of Health, this Wi-Fi system supported the information sharing.

Furthermore, through the project, CRS provided two plastic water tanks for the isolation centers in Zalingei and Um Dukhun, supporting their WASH activities. CRS also supported schools in the Zalingei and Um Dukhun with conducting Sudanese Certification exams by providing 16 handwashing stations (eight in each locality). In Golo, Rokero, Um Dukhun and Zalingei, CRS provided schools with students sitting their exams with 120 bottles of hand sanitizer, 120 bottles of liquid soap, and 10 cartons of tissue paper. The project team also provided SMOH with 12 cartons of facemasks.

In order to ensure the sustainability of the project intervention beyond the project cycle, CRS trained four SMOH staff members to supervise the COVID-19 prevention activities in the state. The supervision staff are also responsible for COVID-19 technical advice in Central Darfur.

Section 4 – Inclusion

Inclusion of women,

Describe initiatives, achievements and challenges in empowering women and in promoting their active participation in your project activities. Please provide specific examples.

CRS understands that the impact of COVID-19 is gendered, having a differential effect on women, men, boys and girls. Women in Central Darfur provide most of the care within families, including income in some cases. While many of the COVID-19 restrictions designed to reduce transmission have been lifted, the impact they had on people's livelihoods was in many cases severe and worsened existing inequalities for women and girls. As such, CRS ensured that women were central to the response, incorporating their opinions and perspectives into both design and implementation of the project. The total participants were 800 persons, 70% of the participants were women who participated in the COVID-19 sensitization sessions. Increasing the capacity of women in the health department, has helped to not only improve the communities' perception of women's participation and capacity, it will also help to create role models for other women to emulate.

Inclusion of youth

Describe initiatives, achievements and challenges of including the youth (young men and young women) and in promoting their active participation in your project activities. Please provide specific examples.

In order to ensure meaningful youth participation in the project, CRS reinforced the importance of their inclusion in both design and implantation. The project involved both young men and young women in all project activities, including early coordination meetings. Approximately 90% of the COVID-19 task force members were youth 4 members for each task group, total member for all target location are 20 members. They participated effectively in bi-weekly planning and coordination meetings at both locality and state level. Moreover, six youth participated in the COVID-19 campaign in Zalingei and Um Dukhun and over 70% of health volunteers in project target localities were youth. While the overall participation of youth was strong and meaningful, the project team did face some challenges in ensuring young women were as well represented as the young men. This is because cultural norms of the target communities believe that women must stay at home and should not work with the men. To ensure women participation is importance to increase their capacities and access to resources. Unfortunately, the number of educated young women who would be able to conduct health education sessions on COVID-19 was far fewer than the number of young men. However, CRS did ensure that the young women who were able to and wanted to participate effectively were given the opportunity to do so. CRS hopes that these young women will encourage other young women and girls in the future.

Inclusion of sedentary pastoralists and farmers

Describe initiatives, achievements and challenges in including pastoralists and farmers in project activities. Please provide specific examples.

CRS ensured that there were community leaders from all communities located in the target localities represented at community mobilization and sensitization sessions. CRS coordinated with the reconciliation committees operating in the target villages to ensure it was aware of any tensions and to ensure fair representation of all groups, including sedentary pastoralists and farmers.

Unfortunately, it was difficult to engage many nomad communities in the project implementation as it was carried out during the rainy season when these communities are typically away from the villages. However, the project team endeavoured to ensure their voices were heard and carried out additional coordination sessions before the project began, in which members of their communities participated. The project team also managed to ensure that nomadic community leaders participated in the sensitisation sessions.

There were fewer challenges ensuring the participation of sedentary pastoralists and farmers, and CRS ensured community leaders (both men and women) were able to participate in all the sensitisation sessions and FGDs. The FGDs were held on market days to ensure that representatives from a broad range of communities were able to attend.

Section 5 – Partnerships

Description of Partnerships,

Describe any partnerships formed, including new ones built in the course of project implementation (MoH, donors, UN agencies, implementing agencies – CBOs, NGOs, etc.). Please specify:

- Involvement of local community structures in implementing projects (including women's CSOs).
- the impact that these partnerships had on achieving results,
- any problems encountered with partners during the implementation.

After receiving the project agreement, CRS signed a memorandum of understanding (MoU) with SMOH to establish the coordination between the two parties for the duration of the project. All the project activities, including the radio sessions, COVID-19 campaign, IPC training, and sensitization sessions were facilitated by SMOH, in collaboration with CRS. The project team held weekly coordination meeting with local and international NGOs in order to avoid overlap in operations and prevent any misunderstandings. The project team ensure that the community was involved throughout project design and implementation. Community leaders, including women and minority groups, were central to mobilization and involvement of other community members. Involving community leaders in mobilization allowed CRS to better understand the priorities and perspectives of the target beneficiaries, as well as understanding their baseline behaviour and understanding of COVID-19.

One of the challenges the project team faced was an initial lack of capacity among community leaders in delivering accurate messages on COVID-19 to their communities. CRS worked closely with the community leaders, ensuring strong understanding of the nature of the transmission routes of COVID-19 and effective prevention methods. In this way, the project team was able to mitigate against misinformation and false rumors surrounding COVID-19, which had initially been prevalent among the target communities.

Section 6 – Challenges, lessons learned and innovative solutions

- 1 **Describe key challenges/gaps** (operational, administrative, programmatic and contextual, as well as challenges working towards gender equality, women empowerment, youth and pastoralists/farmers inclusion) to project implementation.
- 2 **Describe lessons learned** during your project and how solutions offered have turned challenges into opportunities or will minimize the damage.
- 3 Provide any **innovative solutions** to practical challenges in the field and **recommendations** for the attention of the DCPSF TS.

Operational Challenges:

- Difficulty of movement, particularly due to the government-imposed restrictions on movement to help prevent the transmission of COVID-19. The rainy season also impacted project operations, with heavy rains in August and September contributing to the postponement of several project activities.
- Rapid increase in transport cost (car rent and fuel prices)
- Lack of or weak communications and Internet network.

Mitigation Strategies/Lessons Learned:

- Planning to carry out all necessary activities in fewer field visits, adjusting plans to ensure delays do not affect overall project timetable.
- Early advance procurement where possible, especially for big goods or services.

Programmatic Challenges:

- Challenges in obtaining necessary approvals for MoU from the MoH to start project implementation.

- Challenges in obtaining project code (POET) in time due to the emergency nature of the project. The project code was created two weeks after the project started had started, impacting some early procurement activities.

Mitigation Strategies/Lessons Learned:

- CRS maintains good relations with MoH and intensive communication were done.
- Suggested changes to CRS procurement procedures for emergency projects, allowing for procurement purchases to occur before the project code has been finalized.

Administrative Challenges:

- A rapid increase of market prices impacted the project budget.
 - ✓ Cost for establish COVID-19 task force in target localities is \$ 500 after increase of market price became \$ 1090
 - ✓ Cost for signs boards size (150 cm X 3 meters) before the increase pf the market price is \$ 2000 after the increase became \$ 3070.
 - ✓ Cost of Production and distribution of guidelines, IEC materials (120 PCs of T. shirt) before \$ 2,000 after the market increase became \$ 2072
- A lack of available COVID-19 prevention materials, including PPE, in Zalingei market led to delay in some activities.

Mitigation Strategies/Lessons Learned:

- Early advance procurement where possible, especially for big goods and services.
- Coordination with Geneina procurement team and a vendor in Nayla market helped the team project to procure all project material as planned.

Section 7 – Success stories and communication products

From your achievements/results, **please highlight key success items that DCPSF can highlight in its public communication. These include;** success stories highlighting beneficiaries, photographs (in high resolution), videos, media/news story links related to your project. If available, women and youth success stories are encouraged in this section. (Items can be shared as attachments; your organisation will be credited for items shared).

CRS conducted information education sessions which met international standards. Through educational sessions on COVID-19 on the radio, sensitization sessions with community members, health facility staff and schoolteachers, the erecting of posters and board signs, CRS was able to reach the most vulnerable communities in Central Darfur. Furthermore, during the mobilization and sensitization meetings for IEC, CRS targeted community leaders to combat misinformation about COVID-19. In early assessments carried out by CRS in several health centres in Central Darfur, we found many people were denied the existence of COVID-19. Community leaders were able to counteract the false rumours and misinformation surrounding COVID-19 among communities in Central Darfur, thereby encouraging more people to practice measures for preventing transmission.

These efforts were commended by the Primary Health Care Director at the Ministry of Health and Social Development, Mudoother Mohamed Abdelrasoul, who said, “CRS was able to reach the community in difficult areas, helping the SMOH to mitigate and track the spread of COVID-19. We have now found that community leaders in the villages are advising their communities to practice the COVID-19 prevention restrictions.” The General Director of the Central Darfur SMOH was also pleased with the success of the project, remarking that “the level of community awareness about COVID-19 has increased after the intervention of CRS

organization supported by DCPSF. This is measurable by the increase of the number of calls from community members inquiring about the Coronavirus, community members and market workers actively applying COVID-19 restrictions in popular markets.”